



02-28-07

Atty. Dkt. No. 035451-0170 (3708.Palm)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Kammer et. al.

Title: LOCATION BASED  
SECURITY MODIFICATION  
SYSTEM AND METHOD

Appl. No.: 10/053,013

Filing Date: 1/18/2002

Examiner: Abedin, Shanto

Art Unit: 2131

Confirmation No.: 2103

<b>CERTIFICATE OF EXPRESS MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 962269959 US (Express Mail Label Number)	02/27/07 (Date of Deposit)
Roberta A. Cooper (Printed Name)	
<i>Roberta A. Cooper</i> (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 31, 2006, and in the Advisory Action dated January 4, 2007, finally rejecting Claims 1-25 and 27-53.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

03/01/2007 MBELETE1 00000014 10053013

01 FC:1401	500.00 0P
02 FC:1253	900.00 0P

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Application No. 10/053,013

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:	\$120.00
	FEE TOTAL:	\$1,400.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,400.00

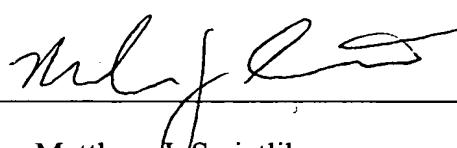
A credit card payment form in the amount of \$1,400.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/27/2007

By 

FOLEY & LARDNER LLP  
Customer Number: 26371  
Telephone: (414) 319-7306  
Facsimile: (414) 297-4900

Matthew J. Swietlik  
Attorney for Applicant  
Registration No. 58,428